

Docket No: 2909 US (203-3757 PCT US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): ZERGIEBEL, Earl M. EXAMINER: Wistermayer, Alexis M.
SERIAL No.: 10/560,879 GROUP: Art Unit 3709
FILED: May 10, 2006 DATED: December 12, 2007
TITLE: MULTIPLE MEMBER INTERCONNECT FOR SURGICAL INSTRUMENT
AND ABSORBABLE SCREW FASTENER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)		SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL	* 29	MINUS	** 32	= 0			x 25=	\$		x 50=	\$
INDEP.	* 3	MINUS	*** 4	= 0			x 105=	\$	OR	x 210=	\$
							x 185=	\$		x 370=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							TOTAL	\$ 0.00		TOTAL	\$ 0.00

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.


** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

Dated: December 12, 2007


Nicole Rispone

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$ _____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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